



WOLKITE UNIVERSTY
COLLAGE OF SOCIAL SCIENCES AND HUMANITIES
DEPARTEMNT OF SOCIOLOGY

FACTORS HINDERING THE USE OF FAMILY PLANNING SERVICES:IN THE CASE OF EMDIBER ROWN.

A SENIOR ESSAY SUBMITTED TO WOLKITE UNIVERSITY COLLEGE OF SOCIAL SCIENCE AND HUMANITY DEPARTMENT OF SOCIOLOGY IN PARTIAL FULLFILMENT FOR THE REQUIREMENT OF BACHELORE DEGREE(BA) IN SOCIOLOGY.

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WOLKITE, ETHIOPIA

AUGUST, 2013 EC

DECLARATION

FACULTY OF SOCIAL SCIENCE AND HUMANITY

DEPARTMENT OF SOCIOLOGY

Assessing factors hindering the use of family planning services in case of Emdiber town particularly keble 01.

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ACKNOWLEDGEMENT

First of all, we would like to say thanks for our God, because no one become successful without the help of his/her creator (God). Second we want to express our deep and gratitude feelings for our advisor Mr. Kassahun D. for his constructive comment, consistence guidance, sharing his idea about unclear issues for us when we conduct this study and his willingness to help us starting from the proposal up to the end. Thirdly our special thanks should go to our best family for their encouragement and financial support for the overall achievement of our goals/objectives. Finally we would like to thank our respondents for giving us the required information without hesitating about the issue that we wanted to study.

Abstract

The general objective of this study was to assess factors hindering the use of family planning services in Emdiber town particularly kebele 01. In this study we used mixed research approach (both qualitative and quantitative approaches were employed), and we have been used cross-sectional research design because the study was completed at one point of time. The study was obtained information from primary and secondary data source. The primary data sources were obtained/ collected by using interview and questionnaire from the respondents. The secondary data sources were collected and gathered from books, magazines, published and unpublished books. Our research team used nonprobability sampling techniques, with these techniques particularly purposive (Judgmental), and through this technique we used a sample of 80 individual (40 couples) respondents from the total of 800 family planning users for questionnaire and 5 respondents from those 2 were from health workers and 3 were from family planning users selected for interview. And also the researchers analyzed and displayed the qualitative and quantitative data that get from interview and questionnaire respectively. The qualitative data that obtained through interview was explained in the form of thematic analysis while the quantitative data that was obtained through questionnaire was displayed through descriptive statistics and shown by tables, frequency and percentage. Findings of this study shown that religious fundamentalists who are not take family planning services and also they condemned individuals who use family planning services and culture give much value to children. Conclusion and recommendation indicated that family planning was challenged by tradition it means the mainstream culture towards family planning, society perception, society perceive the concept of family planning in a negative sense. Both health care institutions and family planning service users should be strongly attach each other to mitigate and reduce factors hindering the use of family planning service utilization.

Key words: family planning, sociocultural, hindering factors

Acronyms

CSA: Central Statistical Agency

UNFPA: United Nation Fund for Population Activities

USAID: United State Agency for International Development

UN: united nation

MDG: millennium development goal

STD: Sexually transmitted diseases

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CHAPTER ONE

1. INTRODUCTION

1.1 Background of the Study

As worldwide efforts to address issue of development and income inequality, family planning program have come in to focus. Particularly in a nation where rapid population growth threatens economic stability and health outcome (Cleland, 2010) when a nation are able to stabilized there population growth, maternal and infant mortality rate decreases, enabling women to pursue education and occupation. The effort of economic reproduction ripples out to families allow for further investment in children through provision of quality of health and education services. Collectively the results as generated by the behaviour of family planning promote the welfare of individuals, families, communities, and nation.

Globally, it is estimated that over 100 million acts of sexual intercourse take place each day resulting in around one million contraception methods of which about 50% are unplanned and 25% are definitely unwanted. Globally around 8 million pregnancy each year are unintended 39% of those are in Africa and more than one half result in induced abortion and nearly half of them are unsafe .unsafe abortion account 13% maternal death and low term complication for some 5 million survivals (Tadele, et...al,2011).

Sub-Sahara African countries as a region have struggled with implementation of family planning program. Sub-Saharan African countries are experiences high fertility rate in the world with average of 5.4 children born per women (USAID, 2008). This tend to high child parity contributed to rapid population growth experienced in the region, with a measure of annual growth 2.2 percent of the total population of sub-Sahara Africa, currently surpasses one billion (UN FPA,2012). Unrestricted population growth is a core of the religion, history that affected economic development. In Africa 18% of the married women`s use a modern contraceptive method of family planning (USAID, 2009).

From East African nation Ethiopia is one of the sub-Sahara African countries, high fertility rate and low contraceptive is common in Ethiopia. It is a second populated country in sub Saharan

African (Yohanes ,et...al, 2011), the country experience as proximate population growth is 3.2% and average number of born children per women is 6.2% (CSA,2006). In Ethiopia also high maternal mortality rate, and high unmet need of family planning services is existed just 13.9% reports, use modern contraceptive methods (Yohanes ,et...al, 2011),

Despite the fact that different modern contraception exist worldwide, the problem of unintended pregnancy still exist, which could be due to gap in awareness, negative attitude towards contraception, low accessibility, failure of contraceptive or sexual assault (Fatima, A et..al,2012).

The factors that hinder the family planning services are multifaceted and challenging. Several studies evident that most women`s knowledge and practice of family planning is associated with socio-demographic, sociocultural, socioeconomic, source of information and family planning factors. For instance, according to different study findings socio-demographic and economic and media exposure related factors were found to contribute on the practice of family planning (Mokonnen and Worku, 2011).

At present family planning service which is fear of cost is provided in both governmental and non-governmental facilities and health station (UN. 2010). But Ethiopia is among countries with low contraceptive prevalence rate with only 29% (CSA, 2011). This resulted in high total fertility and unwanted pregnancy which interns affects the maternal and child health status (Haile Mariam, et...al, 2006). Considering the present lower utilization of contraceptives achieving the millennium development goals (MDG) will be major challenge for Ethiopia. Therefore, the identification of the possible factors that hinder the use of family planning services will have greater input to program managers, for designing programs, proper implementations and evaluation of their contribution regarding family planning services. In every society the sociocultural factors, men attitude towards contraceptive, gender issues, religion and biases and prejudice toward the use of family planning may affect contraceptive use.

Currently family planning is one of the most sensitive issue for many researchers or it is a research agenda. So the reason behind limited our study area in Emdiber town especially kebele 01 was because of the prevalence of high fertility rate due to the influence of social and cultural factors by the society, those factors including beliefs, values, traditions and backward thinking habit of the community towards using family planning methods. These factors attracted us to

specify our study in Emdiber town kebele 01. Thus the main objective of this study was to assess the factors hindering the use of family planning services among family planning users in the case of Emdiber town particularly kebele 01.

1.2 Statement of the problem

Population growth is a major concern in developing countries in viewed of its impact on broader socio economic development. In sub Saharan Africa, including Ethiopia continued high fertility level along with declining mortality rates have resulted in a wide gap between birth and death rates. The resulting high rate of population growth has led many countries to adopt population policies aimed at the probability high birth rate (Bekele, 2006) . Birth control get priority in Ethiopia and many programs have been implemented by Ethiopian population policy since 1993 to increase a contraceptive practices.

In Ethiopia, women have on average about five children. Even though most of the women in Ethiopia knew at least one family planning method but their practice level was not that much which could be a result of various things like, their religion, education, wealth, knowledge of family planning and so on(CSA and Macro, 2006).Previously conducted research agree that socioeconomic, demographic and other proximate factors influence the uptake of family planning among women(Bekele,2006).

In the previous time, there were studies that have been conducted by different researchers concerning with factors hindering the use of family planning services. For instance, Tesfaye Abebaye (2018) has been conducted research concerned with an assessment of hindering factors of family planning services in metu university; the case of degetsiwon town. Selamawit Sisay (2015) has conducted a research entitled with determinant factors affecting the utilization of of family planning among reproductive age in Ethiopia, the case of Addis Ababa University. Bekele.A (2016) has conducted a research entitled with sociocultural factors on family planning the whole only quantitatively among married women of Jima, Ethiopia. But in our study both women`s and man`s who are from the target population were included. The other researcher, SelamMera (2011) has conducted a research entitled with assessment of sociocultural factor affecting the utilization of family planning practices, the case of Haramaya town bate kebele.

However in spite of their strength, the above mentioned researchers have some limitations. Firstly, none of the above researchers have done about the mechanisms that help to minimize factors hindering the use of family planning services. Secondly, the above mentioned researchers have too less focus on the influence of religion on the use of family planning services. Furthermore, no research has been conducted in Emdiber town particularly kebele 01 entitled about factors hindering the use of family planning services. However, our study was focused on those factors that the previous researchers did not focus. Therefore, the main objective of this study was to assess the factors hindering the use of family planning services in the case of Emdiber town particularly kebele 01.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of this study was to assess factors hindering the use of family planning services in case of Emdiber town particularly kebele 01.

1.3.2 Specific Objectives

1. To assess social factors that hinder women from family planning services.
2. To assess the practice of family planning in the study area.
3. To describe the mechanism to minimize factors hindering the use of family planning services.

1.3.3 Research Question

1. What are the social factors that hinder women from family planning services?
2. What is the practice of family planning in the study area?
3. What is the mechanism to minimize factors hindering the use planning?

1.4 Scope of the Study

The study was delimited in Emdiber town particularly kebele 01. And the study is aimed to assess hindering factors affecting the utilization of family planning services.

1.5 Significances of the Study

This study will have the following importance, to Emdiber of house holders, because the house holders will simply know the reality, that the study clearly outlined the hindering factors they try to use the services and they become economically good, good health performance have they.

The study also has importance for governmental and non-governmental health care institution in order to prepare a policy on hindering factors determinate of family planning particularly.

In addition to these, the study will be used as a building block for any interested individuals and groups who are willing to carry out the future and detail studies on related topic.

1.6 Limitation of the study

There were limitations that challenged the proper accomplishment of this study. Before all things our lack of sufficient experience or skill to conduct the research was one of our limitation. There were some respondents who did not have full commitment to give valuable information and did not have real knowledge related to our study topic and also other constraints such as; lack of related book and related research conducted in Ethiopian context; lack of time and money to collect data. Despite thus challenges and constraints however we have used all our maximum effort to carry out this study in relatively a better manner by compromising all those weaknesses mentioned above.

1.7 Operational Definitions

- **Birth Control:** refers to Using of contraception to prevent unintended pregnancy
- Contraception;** drug used to prevent women's become pregnant Factors; a general term referring to things that are imbued with sense of difficulties on Family Planning; the use of contraception to control the numbers of born in a family
- **Family planning:** refers to the voluntarily, responsible decision making by individual and couples as desirable family size and timing of birth.
- **Contraceptive method:** refers to advice or drug to prevent women from becoming pregnant.
- **Social :** refers to something that involves social and cultural aspects like custom, norm, value and tradition.

CHAPTER TWO

2. LITERATURE REVIEW

2.1 Definition of Family Planning

Family planning is nothing but Planned Parenthood that the reproduction of children with a sustainable gap between the first body and second body with feasible total number of children's their resource health of mother and socio- economic stability of family unit (Bhatt, 2018). Family planning is defined as the voluntarily, responsible decision made by individual and couples as to desirable family size and timing of birth. On micro level, it means children are born because they are wanted and provided for, and on the macro level it contributes to the betterment of human life. The responsibility of family planning lies mainly with married couples it is the duty health works to inform the problems of the people that arises in a situation of uncontrolled reproduction (USAID,2007).

2.1.1 Overview of Family Planning

The world wide spread adoption of family planning one of the most dramatic challenges of the world 20th century. The growing use of contraception around the world had given couples the ability to choose the number and spacing of their children and has had a tremendous lifesaving benefit yet despite these improvise gains contraceptives use is still lave and the need for contraception is high in some of the world poor rest and most popular place (Rhonda, 2009).

Family planning is adopted voluntarily through the practice of contraception or other method of birth control on the basis of knowledge, attitude, and responsibility decision by individual and couple. In order to promote the health welfare of family and contribution of social and economic development of counter (Ahmad et..al, 2012).Have picked out the majority of people in developing country are reluctant to use contraceptive even when they have side spread knowledge about the benefit obtained able family planning due to social, cultural reasons(Ahmad et...al,2012)

2.1.2 Situation of Family Planning in the World

The worldwide demand for family planning service is because of two trends. The burgeoning numbers of young people entering child bearing age and the increasing adaptation of contraceptive use. Either trend would lead to great demand said Toshiko Canada, co-author of the population reference bureaus new data sheet family planning would wide 2008, but who two acting together mean there are likely to be huge increase in the future. The growth will be especially strong in some countries. The new data sheet shows that the numbers of women age 15 to 49 years. The primary audience for family planning services will jump 30% from 8.9 million to 11.6 million, between 2005 and 2015 in Tanzania, for example, however, the number of women using modern contraceptive will grow more, by 90%. Family planning says that would line to control the number and timing of children (WHO, 2013).

2.1.3 Situation of Family Planning in developing nation

In most developing nation, custom tend to emphasis the important of children brining. (Ndulo, 2011)Constantly family planning services poorly accepted in there society even, women`s are culturally not get social support to contraceptive methods, in addition to this, so that cultural condition, religion, belief, cultural value are the main factors in adopting any idea and innovation (Ndulo ,2011). There is high fertility rate and less practice of family planning in developing nation, this is not the result of personal choices but as a matter of hindering factors, belief, religion and people with rigidly philosophies of family planning, not only these but also family system and size affect family planning practices, it means the culture, of that society give much emphasize to large family size, because, having of large children use as a source of power .

Women`s willing to promote their health trough family planning Services but fail to translate this willingness in to concrete action even when contraceptive are available (Ndulo, 2011). Strong social norm, gender role, social network religion, and local belief influence people choice. Lack of knowledge toward family planning services, health concerns, husband opposition, and low women status affect the utilization of family planning services (Tularetal, 2006). In addition this male opposition night interfere with women`s expressed desires to control their family size (Bandura, 2010).

2.2 Hindering factors of family planning services

2.2.1 Socio cultural factors

In every cultural group events such as coitus, pregnancy and birth show differences. In a society, appropriate conditions for fertility and bringing the child to the world, pregnancy, how birth will be, what the prenatal and postnatal care standards are, the birth culture that is peculiar to the collective and tries to preserve the basic approaches, perhaps changing a little from generation to generation and thought to other generations(NazilS,Yasemin A, Selcut A, et...al,2018).

Family structure (which is common among the core or extended family models, relationships among family members, sharing of responsibilities etc), gender roles, beliefs of society, marriage models (polygamy, same place, same family, marriage, relatives marriage etc) , sexual behaviours (premarital, out of marriage relationships, marriage prohibition etc) using or not using contraceptive methods vary from community to community(Nazil S, et...al,2018). Properties of family ,economic circumstances of community, the ban of some contraceptive methods in that society opinion about abortion ,concerns about using several contraceptive methods, population polices, religion, the idea of sin, traditional practices etc ;all to of which are among the most important factors(Nazil S, et...al, 2018).

Religion has been documented to be the most controversial factor influencing use of family planning method. Degree of one"s adherence to the norms of a given religion may exert an influence one"s mode of life including reproductive behaviour .Having a strong religious identity affects willingness of women to discuss contraception with their partners /families/ communities and unwillingness to consider accessing it and eventually using it. Similarly, the institutionalized religious doctrine intersect with cultural beliefs in a society which bestows man as the overall head of the house and, such beliefs are inherently sub summed in a patriarchal structure, where women have been relegated as a weaker gender and could only measure their freedom of choice within the acceptable framework(Nazil S, et...al, 2018)

2.2.2 Men Attitude toward Contraceptive

(Charles K,2003) observed that there is relatively lack of male knowledge to contraceptive most studies in fertility and family planning issue, there is ignorant attitude of men. According to Charles (2003) Negative attitude of men toward contraceptive were observed as a main different to use of contraceptive by women's.

Until recently, data about men's family planning knowledge and practice were scarce. Most large scale family planning surveys-the knowledge, attitude and practice surveys; the world fertility surveys; the contraceptive prevalence surveys; and the first round of the demographic and health surveys included only women and focused on determinants of their contraceptive use. The lack of attention to men in surveys probably reflected their limited options for participating in contraceptive use (Ringheim K, 2010).

Strengthening communication between partners about reproductive health and involving men in health promotion can lead to better health for the entire families. In recent years, the importance of including men in reproductive health matters has received increasing recognition. First step toward increasing men's participation in reproductive health is to understand their knowledge, attitudes and practices regarding a range of issues. For example, in Jordan, where husbands are the main decision makers in the family, their attitudes become a major concern of the national population committee, which has begun to consider a strategy of targeting men for family planning services(Drennan M,2011)

2.2.3 Gender Issue

Sex composition of family and preference of sex of future children greatly influence women decision making about type of control caption practices and when use it (Cleland,J.2011).The issue of gender have social and cultural roots .According to Cleland(2011)socio-cultural factors were grounded in gender relation, that enforce the sub-ordination of women impede the use of

family planning services, a number of hindering factors and gender issue were identified a main determinate to family planning.

2.2.4 Bias and prejudice toward the use of contraception

It means that the distribution of contraception is unfair or it is unequal distribution of contraception leads to hindering factors of family planning services.

In some developing countries men know about contraceptive method might feel that family planning is a white men creation to reduce the number of African(Fasil H,2006).Others believe on God and culture, however, a few are used family planning services, but the majority still view family planning method as a foreigner concept.

2.2.5 Spousal communication and family planning

The important of spousal communication is often emphasized in family planning program and research, in some analysis view it is the first step in rational fertility decision making process numerous studies show that the amount of communicated that occurs using spousal communication concerned with contraception. In developed countries communication intervention have been developed and number of children to have birth spacing and contraceptive use In setting where family planning use is sensitiveness and over spousal communication is uncommon men and women perceive such exchanges differently and their underlying motivation and these perception guide their negotiation strategy with their parents (USAID, 2008).

2.3 Benefit of Family Planning Services

Family planning reduces health risk to women and gives them more control over their reproductive lives, with a better health and greater control over their lives. Women can take advantage of Education, employment, civic participation. Family with few children are often able to send those children to school so, girls get a chance to attain higher Education and as an outcome the age of their first marriage is often later and their year of fertility reduced. In

addition, it is not difficulties for parent to cloth and seeds their children if they can limit their family size (Smith et...al, 2009).

In general, having a large proportion of well-educated, healthy, productive and self-sufficient families can contribute great deals to the sustainable development of the countries, in this repaired, the socio- economic benefit of family are essential (WHO, 2013).

A. Health Benefit to the Mother

Contraceptive use reduces mother's mortality and improve women health by preventing unwanted pregnancy and high risk pregnancy and reducing the need for un safe abortion. Some contraceptive also improve women health by reducing like live hood of the disease transmission and protecting against certain concern and health problem, it avoided too early and late pregnancy, limited number of pregnancy, prevent abortion (Bogart's et ..al, 2012).

Family planning has several benefits, some of which are specific to the health of mothers and their children's. Others include socioeconomic benefits; for example, women are able to advance their education and careers by delaying or limiting childbearing and this can bring better economic prospects to their household(Smith . The potential benefits of family planning among other, as economic development as well as to solve environmental related problems like deforestation. In addition, increased contraceptive uses directly contribute to reductions in maternal and child mortality. It also enables birth spacing ultimately reducing child mortality while enhancing the nutritional status of both mother and child (Smith et...al,2009)

B. Benefit to the Children

Family planning directly contribute to the improvement of children health and growth, it also indirectly contributes to children's wellbeing and development by improve maternal health. Adequately spaced children can be well and health then closely space a children. Mothers can have ample time and food health to care for their children. Parents should be to see to health care for them without being constrained (WHO, 2013).

2.4 Theoretical Framework

2.4.1 Social Cognitive Theory

Social cognitive theory for social change used as a theoretical frame work for hindering factor affect the utilization of family planning services because understanding and explain how social and cultural norms, value, belief, and gender and social network influence the peoples chance about family planning (Bandura ,2002). One component of this theory is belief, it focused on our belief affect our motivation, cognitive and decision making Process. Your basic system is the foundation of human motivation and accomplishment of people belief; they can produce desired effects by their action. However, peoples are living independently they are depending on each other, and also people have some belief toward something depending on their culture and socialization (Bandura, 2002).

We used social cognitive theory as a conceptual framework because of the reason that belief is one of the most important component of this theory and it is one of a responsible factor for prohibiting an individuals from using family planning services. A person who has/have a strong belief is not open or volunteer to use contraceptive technology, not only belief, but also the emotion and the motivation of an individuals have a great influence towards the use of family planning services.

2.4.2 Feminist family Theory

Feminist theory is a theoretical perspective that is couched primarily in Conflict Theory assumptions, but has added the dimension of sex or gender to the study of society. Feminist theorists *focus on the inequality of power between men and women in society and in family life*. The feminist perspective is about choice and about equally valuing the choices individuals make (Avis, 2010). Feminist theories are a group of theories which focus on four important themes: recognition of women's oppression; an examination of what contributes to the maintenance of that oppression; a commitment to ending the unjust subordination; a futuristic vision of equality (Avis, 2010).

Women's subordination appears in works of Plato, who believed that men were more virtuous by nature, and others who believed men had more intellectual and reasoning capabilities.

Following the industrial revolution, the women's movement emerged in the 19th century.

The major assumptions of feminist theories are that women are oppressed; a focus on the centrality, normality, and importance of women's experience; gender is socially constructed; the analyses of gender should include the larger socio-cultural context; and the term "family" supports women's oppression because it contains class, cultural, and heterosexual biases. Social feminists believe women are oppressed by capitalism. Their focus is on redefining capitalism in relation to women's work. Radical feminist theories insist the oppression of women is fundamental. Radical feminists believe the current patriarchal system must be eliminated.

Attention is directed towards issues of the body such as men's control over women's sexuality and reproduction, and men's use of rape and violence to violate women. Liberal feminists are committed to social and legal reforms that will create equal opportunities for women, ending sex discrimination, and challenging sex stereotyping (Osmond and Thorne, 2013).

2.5 Conceptual Framework

The conceptual framework of this study is the comparison of the variables which is based on the topic that is we want to study. It is shown by the following diagram.

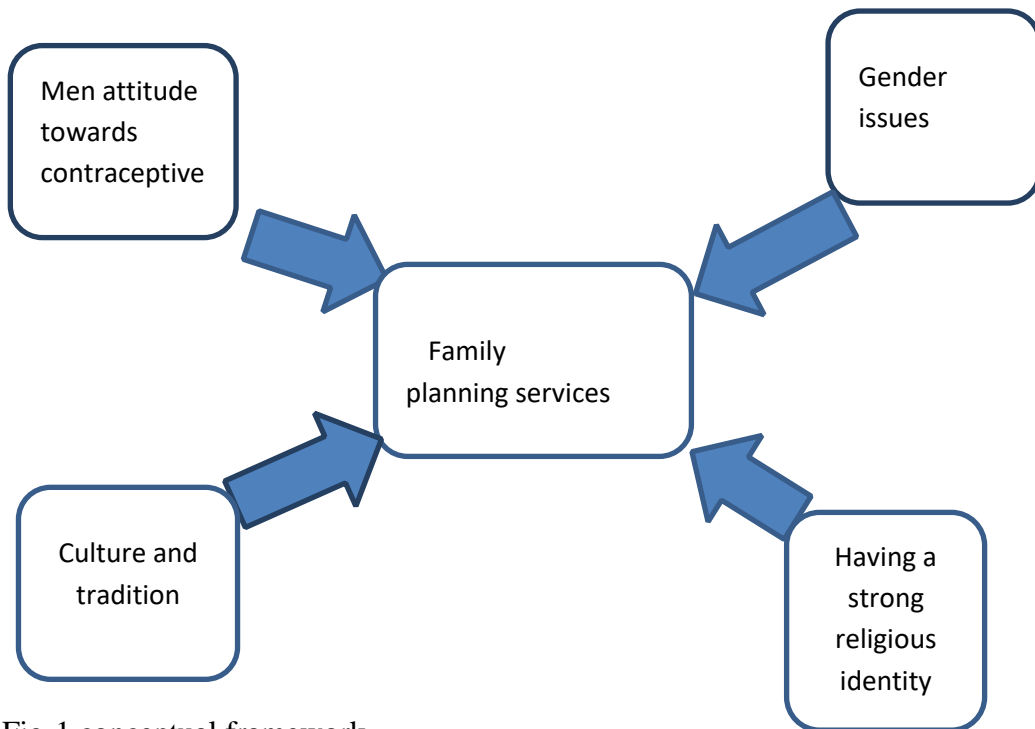


Fig-1 conceptual framework

The above table show that the conceptual framework which comparing different variables. In the centre of the diagram we find that the independent variables which is influenced by the dependent variables which is connected by arrows to the Centre such as, men attitude towards contraceptive, culture and tradition, having a strong religious identity and gender issues and they have their own influence on family planning users.

CHPATER THREE

3. Research Methodologies

3.1 Description of study Area

The study was conducted in Emdiber town particularly in Kebele 01. Emdiber is a town southwest of Addis Ababa, in the central part of Ethiopia. It is located in the Garage zone of the southern nations, nationalities and peoples region. An all-weather road was built in 1963 by the Garage road association, which connected Emdiber to Addis Ababa through Wolkite and Hosanna. It is the administrative Centre of Cheha Woreda. It is located in Garage zone at a distance of 185 km from Addis Ababa. Emdiber town is also located at a distance of 30 km from Wolkite town. Based on the central statistical agency in 2005, Emdiber has an estimated total population of 4,057 of whom 1,992 are men and 2,065 are women who are from different ethnic groups. This town divided in to two kebele. However, we have limited our study in Emdiber town kebele 01. In this kebele there is a total of 3490 from these 2125 were male and 1635 were female. From a total of 3490 population 800 were family planning users ; we gained this information from population administrative office of the town. The climate condition of this town is weyna dega. The religious composition of the town is Islam ,Orthodox ,Protestant ,Catholic (source, own survey, 2021 .

3.2Research Design

The researcher mainly used cross sectional research design because the data collection process was take place at one point of time. We applied a cross-sectional research design because we have not sufficient time and the study was completed in once a point of time.

3.3 Research Approach

In this study we used mixed research approach. It is a combination of both qualitative and quantitative approaches which requires a triangulation of data during interpretation and analyzing the collected data. We chose this approach because it has different importance. Mixed approach is important to compare quantitative and qualitative data (mixed methods are especially useful in understanding contradictions between quantitative results and qualitative findings). Reflects

participants point of view (Mixed approaches give a voice to study participants and ensure that study findings are grounded in participants experiences). It also provide methodological flexibility(it has great flexibility and are adaptable to many study designs such as conservational studies and randomized trials, to elucidate more information than can be obtained in only quantitative research) (Creswell, 2015).

The other advantage of mixed research approach is that it becomes efficient data collection and analysis with the data. The qualitative data provides appropriate information and facilitates understanding as well as interpretation of the qualitative data.

3.4 Source of Data

In this study we used both primary and secondary data sources.

3.4.1 Primary data sources

Primary data sources are those sources collected or gained from the respondents through direct face to face communication and they are first hand information. The primary data sources were obtained from study participants through interview and questionnaires by preparing semi structured interview. These sources were collected from 40 couples or family planning users by questionnaire and 5 interviewee of whom 3 from family planning users and 2 from health workers, therefore, first-hand information obtained from study participants.

3.4.2 Secondary data sources

Secondary data were obtained from written documents or sources like books, journals, magazines, published and other unpublished literatures.

3.5 Methods and Tools of Data Collection

Both qualitative and quantitative methods were used. The qualitative data were gathered through interview from 3 family planning users and 2 health workers to collect reliable information about the issue we want to study. And also the quantitative data was collected through the use of questionnaire from 80 a total of 800 family planning users. We selected 3 interviewees from family planning users because all of our target populations are married couples and they are familiar with the use of family planning.



The reason behind collecting data from health workers was in order to get exact or real information about the interest of our target population towards using contraceptives and how much they know about the purpose of using family planning services.

3.5.1 Questionnaires

In this study we used questioner to get the information or the required data from the respondents about the factors affecting the utilization of family planning services. In order to collect the required data 40 couples were selected from the target population.

3.5.2 interview method

We used interview method in order to get the relevant information about the issue that we are going to study. A semi structured interview was used in order to generate the required data from 3 family planning users and 2 health workers. We selected those respondents because we assume that they are familiar about this situation. We used semi structured interview because it allows the respondents to express their feelings and views freely without terrifying.

3.6 Sample Size and Sampling Techniques

The sampling technique that we used in this study was non probability sampling technique. From non-probability sampling we used purposive sampling technique. The reason behind using this sampling technique is that it enables us to select the sample from the target population based on our judgment and based on who can give useful information to accomplish the study, and our target populations have different attitude. In order to accomplish this study, we selected 80 individuals or 40 couples for questionnaire from family planning users from a total of 800 married people and 3 key informants were selected from family planning users and 2 key informants were selected from health workers. We selected those samples purposively by assuming they can give real information about the issue we are going to study.

3.7 Method of Data Analysis

In this study both qualitative and quantitative data were displayed and presented respectively. We analysed and interpreted the data based on the responses which obtain through interview. The data which gathered through questioner would be displayed in the form of descriptive statistics

and we have shown by table, percentage and frequency. And the data which was gathered through interview method was expressed and interpreted by thematic analysis.

3.8 Ethical Consideration

To conduct this research ethical issues were very important. Our study followed those ethical issues, like request from the department of sociology and also from the respondents themselves including agreement, informed consent, confidentiality (trust) and verbal consent. Before we start collecting the data, we aware the respondents regarding to the issue and the purpose of the study. We kept the secret of the respondents and we were polite while asking them. The reason behind selecting Emdiber as a research site is due to its nearness for us to minimize our cost and time.

CHAPTER FOUR

4. Data Analysis and Interpretation

4.1. Introduction

This part of our study focused on the analysis and interpretation of qualitative and quantitative data that obtained from the respondents. The qualitative data was collected through interview from 5 respondents, from those 3 were selected from family planning users and 2 were selected from health workers. The quantitative data was collected through questionnaire from 80 individuals (40 couples) from 800 total populations. The qualitative data was explained in terms of thematic analysis whereas the quantitative data was displayed in the form of descriptive statistics and shown by table, frequency and percentage. In this chapter we also have tried to include the sex, age, religious status ,marital status, educational and occupational status of the respondents (source, own study survey, 2021).

4.2. Socio-demographic information of Respondents.

The aim of this research was to assess factors hindering the use of family planning services in the case of Emdiber town particularly kebele 01. In order to know this; the study investigated questions such as sex of respondents, age, religion, marital status, educational back ground and occupational status.

Table 1: Sex, age, religious status, marital status, educational status and occupational status distribution of the respondents.

Item	Variable	Frequency	Percentage
sex	female	40	50%
	male	40	50%
	total	80	100%
age	20-25	16	20%
	26-30	34	43%
	31-45	22	27%
	Above 45	8	10%

	total	80	100%
Religion	Orthodox	26	33%
	Muslim	20	25%
	Catholic	14	17.5%
	Protestant	20	25%
	Waqefeta	-	-
	Total	80	100%
Marital status	Married	80	100%
	Total	80	100%
Educational status	Unable to read and write	-	-
	Able to read and write	-	-
	Grade 1-8 completed	52	65%
	Grade 9-12 completed	18	22.5%
	College or university graduated	10	12.5%
	Total	80	100%
Occupational status	House wife	20	25%
	Farmer	-	-
	Merchant	44	55%
	Un employed people	10	13%
	Government employee	6	7%
	total	80	100%

Source: - Own survey (2021)

As indicated in the above table from the total of 80 respondents 40(50%) were female and 40(50%) of the respondents were male. This implies that both male and female were the major study participants. In terms of age composition 16(20%) of the respondents were found the age between 20-25, 34(43%) of respondents were the age between 26-30, from those respondents the

highest number of respondents are found in this age category, and the rest 22(27%) of the respondents were the age between 31-35, whereas the smallest number of respondents were found the age above 45. Therefore, most of the respondents were found the age between 26-30. In terms of religious composition, 26(33%) of respondents were orthodox, 20(25%) of respondents were Muslim, 14(17%) of the respondents were catholic and 20(25%) of the respondents were protestant followers respectively. While the least of the respondent followers of Catholicism. 33% of the respondents were orthodox they reject using contraception and this lead them to have many children. As study shows, having many children is considered as a sign of status, children are considered as wealth. So these men do not support even their wives to use birth control methods. One must have enough money to afford any requirements; therefore, religion has great impact in the usage of contraception" or birth control methods. In terms of marital status all of the respondents were married, this implies that both husbands and wives want to have more children. With regard to educational status, the majority of the respondents were from grade 1 up to 12 and they account 87.5%. As the respondents were reported, they have little awareness about contraceptive technologies, because they only lead their life by using cultural norms around them, least of the respondents that means 12.5 % of them were college graduates, said that they have knowledge about family planning. This study also showed that social norms on reproductive behaviour were changing as younger couples seem to agree on their similar family units. In terms of occupational status the majority of the respondents⁴⁴ (55%) were merchants (engaged in trade activities). 20(25%) of the respondents were housewife, 10(13%) were unemployed and the rest 6(7%) of the respondents were government employees. As the respondents specified, from those merchants (55%) were not interested to use family planning. This implies that being participating in trade activity considered as economic resource so that their intention toward family planning was not considered as factor for the family problems. But in the case of unemployed people (10%), all of the respondents were reported that they not use family planning. This implies that they were not interested in using family planning due to the fact that their low living standard influences their commitment as well as their need to use the family planning.

4.3. Aspects of Family Planning service

Table 2: The use of family planning in the study area

Item	variables	frequency	percentage
Do you use family planning service?	Yes	74	93%
	No	6	7%
total	-	80	100%

Source:-Own survey (2021)

From the above table, the majority of respondents have used family planning; they share 74(93%). But only some respondents did not use family planning practice, they share 6(7%) out of the total respondents. Respondent's reason not to use family planning based on our interview implies that some respondents have no interest to use; mostly those persons who are religious elder men, those who have strong cultural belief and also people who are strongly controlled by traditional attitude of the society.

According to the interview the most common reason of the users response was lack of knowledge about contraceptive, fear of side effects, cultural influence, religious and other factors like, the need for more children and also they assumed that using contraceptive method has different side effects such as, continuous headache, general body weakness, depression and fear of weight loss, husband refusal as well as fear of other side effects during insertion.

Respondents reason to use family planning based on our interview most respondents are not new to the purpose of family planning; this implies that health worker played their role in the creation of community awareness about family planning services, according to the above table 2 that we provided for the respondents, the main reason for the respondents to use family planning is because of its high effectiveness, easy to use and it is important to prevent unwanted pregnancy.

Table 3: Information about family planning services

Item	Variables	frequency	Percentage
Who have information about family planning?	Husband	4	5%
	Wife	12	15%
	Both	64	80%
	None	-	-
Total	-	80	100%

Source:-Own survey (2021)

As shown in the above table 3 both husband and wife have more information about family planning, 64(80%) both know detail about family planning. But only wife who have information about family planning services they shared 12(15%). There are some husband who have information about family planning services in Emdiber town, they shared 4(5%). Depending on the above table we can say that most family planning users have information about how to use those methods like how to use pills(oral contraceptives) ,in what condition to use them, the pain after using the methods ;like headache, disordering of menstruation cycle and so on.

Table 4: Deciding the Use of Family Planning services

Item	variable	frequency	Percentage
Who decide about the use of family planning?	Wife	14	17.5%
	Husband	4	5%
	Both	58	72.5%
	none	4	5%
Total		80	100%

Source: - Own survey (2021)

According to the above table, both wife and husband are decided about the use of family planning services, they covered 58 (72.5%), this indicated that both husband and wife are known

and decided about the use of family planning services. But 14(17.5%) of wives are known about the use of the services, this implies that only some wives decide about the use of family planning services, but their husband is no contribution how about its function in Emdiber town. And also there are husband who are known about the use of family planning, they cover 4 (5%) and also there are respondents who are not know about the use of family planning services, they are accounted 4(5%) out of the total respondents. This indicated that the presence of strong social and cultural beliefs are influential factors in family planning services utilization Generally the above table indicated that both wife and husband are responsible agents with regard to deciding the use of family planning service

Table 5: The role of husband in supporting his wife to use family planning

Item	variable	frequency	Percentage
Do you think that husband support his wife to use family planning?	Yes	50	62%
	No	30	38%
Total	-	80	100%

Source: - Own survey (2021)

According to the above table, 50(62%) of male respondents were willingness to support their wife to the taking of family planning services, this indicated that both couples know about the use of the services. There were also 30(38%) of respondents who criticized their wives not to use family planning services, those people are mostly religious men's and highly attached with socio cultural believes. The researchers concluded that depending on the above table most of the respondents are interested in supporting their wife in the task of family planning services.

Table 6: The benefit of using family planning methods

Item	variables	frequency	Percentage
Who are more advantageous by using family planning method?	Husband	6	8%
	Wife	12	15%
	Both	62	77%
	None	-	-
Total		80	100%

Source:-Own survey (2021)

The above table 6 show that there are only husbands who are advantageous, they shared 6(8%) and 12(15%) of the respondents were only wives. The majority of the respondents were both husbands and wives, they accounted 62(77%) from the total respondents. The advantage of using family planning method is very important for both to live a better life with limited child. As we interviewed from the respondents it is important to live a better life by minimizing the number of children in accordance with the economy they have; because it can reduce infant and maternal mortality rate; to have a good confidence about the future. It also helps to reduce the rapid population growth and improve growth as well as development.

Table 7: factors forced women most of the time not to use birth control method

Item	variable	frequency	percentage
Is there any factor that forced women not to use birth control method?	Yes	60	75%
	No	20	25%
Total	-	80	100%

Source:-Own survey (2021)

As clearly indicated in the above table 60(75%) respondents were arguing that, there are different factors that forced women most of the time not to use birth control method, however the rest 20(25%) of the respondents were believe that there is no factor which affect women in order not to use birth control method. Therefore, most of the respondents responded that there are factors that prohibited women most of the time not to use birth control method. As we have tried to

show in the above table 7 most of the respondents were responded that birth control method is considered as the duty of women; lack of knowledge about birth control method which is found in men`s not to help their wives it is seen as one factor. They give their response as it is due to socio- cultural factors like their belief, custom, value, norms, morals and their strong belief about their religious rules.

Lack of knowledge is an important cause for not practicing family planning. At individual level knowledge of family planning is crucial. Whereas evidence from a number of studies around the world reveal a near universal knowledge on family planning among the women of the reproductive age group, this has not translated in to increase utilization of this methods (Cleland et...al,2006).

Family planning challenged by societal tradition it means the mainstream culture towards family planning, the perception of society, society perceive the concept of family planning in a negative sense it leads to imbalance of menstruation, un able to born children in the future, over fatty and other negative attitudes are seen the society. Law spousal communication and patriarchal thinking also dominated. This all come from the past history of their parents.

From the 3 selected respondents that we have interviewed about the socio-cultural factors that hinder women from using family planning services they responded that social and cultural value have many influence on family planning utilization, because they said that children are our resources when we are living in this world; life without having children is seeming like death. From the responses of study participants, the researcher understood that using family planning services is equivalent to killing children. And also those respondents believe that mostly women`s are influenced by their husband especially religious leader wives and culturally approved persons are influence their wife from taking family planning services, because their early tradition toward children have positive correlation and having many children`s are just like having million wealth`s, and also they considered children grow by their chance than satisfied their basic needs.

Therefore, culture gives much value to children and considering children as a resource in Emdiber town.

What the researcher got from the respondents that most religion in our world does not encourage the taking of family planning services. In this study most respondents said that our holy bible or Quran do not allow to restrict children though artificially birth control medicine, respondents also said that not only holy bible reject this practices, but also some respondents are taking the services in appropriate manner but, there religious teachers and their religious books condemned them on the taking of the services then, they stopped the taking of the service. Some respondents have many children, when the researcher observed from those respondents, such person's mostly religious leaders. Therefore, from the respond of respondents most religious institutions condemned the taking of family planning services in Emdiber town.

The study participants responded that, still community has misconception toward family planning services. And also some respondents responded that sometimes males using the service only for protecting himself from STD when he committing sex out of wife. To generalize this idea, the above stated problem misconception toward family planning in Emdiber town should be addressed through raising the awareness the community towards family planning and health professional experts should try to clearly distinguish each and every function of family planning services.

4.3.1 The mechanism to minimize factors hindering the use of family planning

To minimize/reduce factors that hindering the use of family planning methods the traditional cultural belief must be first abolished. The health official workers play a crucial role in changing this backward type of belief system. The respondents" responded that most governmental health care institutions are existed in a community by distributing of medicine related to family planning and others health related issue, health extension workers provide family planning services. In addition to this, by mobilizing the community they also give a counselling service about the functions of family planning services to family planning users. Health workers that used to control the health performance of the community by providing counselling services to the community and also health care institutions tried to mitigate determinants of family planning services like socio cultural factors affecting the utilization of family planning services in Emdiber town. The health officials give a sufficient advice about cultural factors that affects the utilization of family planning services through rising attitude and awareness of the users of it

Therefore, it is better to strongly correlating the health official workers and family planning users each other in order to combating factors hindering the use of family planning services and distributing such services in Emdiber town.

4.3.2 Assessing the practice of family planning in the study area

We can say that the practice of family planning is good in emdiber town. Because the attitude of the society towards using family planning utilization is known for its use to limite the number of children and balance their economy to have a better living standard, to prevent unwanted pregnancy and also to have better health condition for women`s specially when there is age gap between children`s mothers can have better condition not to be harmed by the time of pregnancy and birth . The health workers said that with regard to the practice of contraceptive methods most of the community use oral pills and implant commonly for short period of time. The community of Emdiber town are familiar with the practice of contraceptive methods. Currently they have a better interest to use birth controlling method. Because sing contraceptive method has positive contribution for family planning users to improve the life of their children in the future by creating a conducive chance of education by fulfilling the necessary equipment`s and it reduces infant and maternal mortality, the community of Emdiber town has a good family planning practice even if their culture, tradition and custom prohibits from using it.

CHAPTER FIVE

5. Conclusion and Recommendation

5.1. Conclusion

According to the finding of this study the following information concerning what were the factors that hindering the use of family planning services was identified and what type of attitudes society do have toward family planning was documented

The major demographic characteristics were concluded specifically as follows. Almost about 43% of the respondents were in the age category between 26-30. This shows that they share a high responsibility like leading house-holds and being a father and mother, they are responsible and made decisions in limiting the number of the children in their families. The data indicates that the religious factors have also a great impact in the usage of contraception's or birth control methods due to the fact that the religious scriptures forbids the followers not to use the family planning methods. This immediately results in having many children and again this is considered as a sign of respecting status. In addition, children were considered as wealth in the whole study area.

Being a merchant is assumed as the way of generating for financial resources that would again assumed to be enough for any household cost like for raising children so that their intention toward family planning was not considered as factor for the family problems. In the case of daily laborers (13%), all of the respondents were reported that they not use family planning. This implies that they were not interested in using family planning due to the fact that their low living standard influences their commitment as well as their need to use the family planning

Most family planning programs offer and promote certain contraceptive methods to women. But the effectiveness and continuous use remains unsuccessful because of lack of approval from their partners /husbands/ and also their strong custom and tradition they have affect them not to use birth control methods.

The study indicated that decision on reproductive issues is taken by men. This is irrespective of the back ground characteristics of the couple. Majority of women would either rely on the advice of their spouses on such issues as using family planning and having another child or engage in joint decision making. We have also found out in the course of the study that reproductive decision making shall depend on socio- demographic characteristics of the respondents.

Contraception knowledge of contraceptive use is good among women however; usage is generally low. Therefore, the concerned institutions (health officials) must work hard to bring attitudinal change among individuals on both sexes.

women's involvement could assume an essentially prominent role in the individual couple's family planning effort. It is assumed that women don't have control over their own reproductive behaviour because of most importantly religious factors, cultural factors and patriarchal nature of the society is affecting reproductive technologies. Religion mostly impacted on using of family planning. This by itself leads individuals not to use contraceptives, because, if you are taking the services, the religious leaders sign you as a non-religion and labelled you as evil.

5.2. Recommendation

Based on the finding the researchers tried to recommend the following;

- ❖ Awareness should be raised by health professionals about the importance of family planning services on family life to house holders.
- ❖ Both health care institutions and family planning users should strongly attach to each other to mitigate factors hindering the use of family planning services utilization.
- ❖ Policy makers and concerned institutions to give attention and work hard than before, to create awareness about the use of contraceptive technologies should be account in to consideration.
- ❖ It is better to assign health workers to work with their member of married people to become effective. In addition to these the peoples by themselves understand deeply about family planning.
- ❖ The government should give more attention to improve the practice of family planning.
- ❖ Family planning users should be open to share the benefit that they get from using contraceptive methods to other parts of their society.
- ❖ The community should balance their culture, custom and tradition with the modern family planning service by knowing the purpose of using family planning.

References

- ♥ Ahmed, S., Li, Q., Liu, L., & Tsui, A. (2012). Maternal deaths averted by contraceptive use: an analysis of 172 countries. *The Lancet*, 380, 111-125. Retrieved from [http://dx.doi.org/10.1016/S01406736\(12\)60478-4](http://dx.doi.org/10.1016/S01406736(12)60478-4)
- ♥ Beekle AT, McCabe C: Awareness and determinants of family planning practice in Jimma, Ethiopia. *IntNurs Rev* 2006,53 (4):269–76.PubMedCrossRef35.
- ♥ Bhatti H., & Dr, Abdul H., (2018), Male attitude and motivation of family planning in Pakistan, national Institute of population studies.
- ♥ Bongaarts, J. and S. W. Sinding (2009).—A Response to Critics of Family Planning Programs| *International Perspectives on Sexual and Reproductive Health* Volume 35, Number 1, March 2009.
- ♥ Banghart's J., Cleland J., Townsend J.W., Bertrand J.T. and Das Gupta M. (2012). Family planning programs for the 21st century: rationale and design. The Population Council: New York, Population Council.
- ♥ Central Statistical Agency and ORC Macro; 2000. Central Statistical Authority and ORC Macro: Ethiopia demographic and health survey 2005. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ORC Macro; 2005.
- ♥ Central Statistical Agency (Ethiopia) and ORC Macro (2006).Reported on 2005 Ethiopian demographic and health survey Addis Ababa, Ethiopia and Calverton, Mary land USA.
- ♥ Central Statistical Agency [Ethiopia], and ICF International: Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA:
- ♥ Central Statistical Agency and ICF International; 2012.Chakrabarti, A., and K. Chaudhuri (2007)."Antenatal and Maternal Health Care Utilization: Evidence from North-eastern States of India." *Applied Economics* 39(4-6): 683695.

- ♥ Charles Kittened, Nenguiter and Rethbesinger (2003). Fertility based intervention and contraceptive use in ug and a international family planning perspective. pp, 130-139.
 - ♥ Cleland, J, G, Nodular.& Zulu E m, (2011). Family planning in sub-Saharan Africa , progress of stage nation total population. Bulleline of WHO 89 (2) 137-143: cloi; 10, 247/BLP. 10. 077)
 - ♥ Cleland J. (2006)."Family planning: the unfinished agenda". The Lancet, 368, 1810-1827.
- Creswell, J. (2015). Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research. New York: Pearson.
- ♥ Drennan M, Reproductive health: new perspectives on men's participation, Population Reports, 2014, series J, NO.46.
 - ♥ Fasil H/G., (2006).Knowledge, attitude, decision making for modern contraception in amhara region, north shoa zone. Ethiopia.
 - ♥ Fatima A, Kontie M, Karen P and Benedict.2012.Assesing knowledge attitude and practice of emergency of contraceptive: a cross sectional study among undergraduate female students in southern Ethiopia. BMC public health 2012:110.
 - ♥ Federal Ministry of Health; 1996. Federal Democratic Republic of Ethiopia Ministry of Health: National Guideline for Family Planning Services in Ethiopia. Addis Ababa: Federal Democratic Republic of Ethiopia Ministry of Health; 2011a.
 - ♥ Hailemariam A, Mekbib T and FantahunM(2006). Family Planning in Ethiopia.In Epidemiology and Ecology of Health and Disease in Ethiopia. Edited by Berhane Y, Haile Mariam D, Kloos H. Addis Ababa: Shama Books; 2006:267-285.
 - ♥ Johannes S, Wondafrash M, Abera M and Girma E.2011. Duration and determinants birth interval among women of childbearing age in southern Ethiopia.
 - ♥ MekonnenTadesse, HabtamuTeklie, Gorfuyazew and TesfayiGebreselassie (2013) Women,s Empowerment as a Determinant of Contraceptive use in Ethiopia MoFED and UNICEF Addis Ababa, Ethiopia.

- ♥ Mekonnen W and WorkuA(2011). Determinants of low family planning use and high unmet need in butajira district.South central Ethiopia.Reprod Health 2011, 8:37. PubMed Abstract | Biomed Central Full Text | PubMed Central Full Text Mohanan P, Kamath A, Sajjan BS.Fertility pattern and family planning practices in rural area in dakshina Kannada.
- ♥ Nazli S, Yasemin K, Selcut A, Mehmet Y, Canan T and Bilge T(June 13th 2018). Factors Affecting the Attitudes of Family planning, Family planning, Zouhair O. Amarin, Intechopen, DOI:10.5772/INTECHOPEN.73255.Available
from:<https://www.intechopen.com/books/familyplanning/factors-affecting-the-attitudes-of-women-toward-family-planing>
- ♥ Ndulo J (2017).Quality of care in the sexual transmitted diseases in Zambia; patient perspectives. Este Afr med J, 1995; 72(10); 641-44
- ♥ Osmand, M. W. (2013).Comparative mirage and the family. International journal of sociology, 23, 269- 196.
- ♥ RingheimK(2010). Factors that determine prevalence of use of contraceptive methods for men, studies in Family planning, 1993, 24(2):87-99.
- ♥ Selammera (2019). Assessment of sociocultural factors affective the utilization of family planning services; the case of haramaya town, Ethiopia.
- ♥ SelamawitSisay (2015), Determinants of family planning practise among women of reproductive age in Ethiopia. Un published master thesis Addis Ababa university, Ethiopia .
- ♥Smith R, Ashford L, Gribble J, Clifton D (2009). Family planning saves lives; 4th edt. Population Reference Bureau; Accessed from www.prb.org/Reports/2009/fpsl.aspx on 22/5/13
- ♥ Tadele, G (2011).Heteronormativity and (troubled) masculinities among main, who have sex with men in Addis Ababa, culture, health and sexuality; an international journal of research, intervention and car 13,4,457- 469.
- ♥ Tesfaye Abebaye (2018).Assessment of hindering factors of family planning service; the case of metu university, Ethiopia.

♥ Tilahun, T., Coene G, & S, Kassahun, wet..tal, (2013). Family planning knowledge, attitude and practice among married women complain Ethiopia. Polson 2013; 8(4) I e 61335.

♥ UNFPA (2008) Making reproductive rights and reproductive health a reality for all, united nationspopulationfund

♥ [http://www.Unfpa.org/webdav/site/global/shared/documents/publications/2011/SRH, frame work –pdf.](http://www.Unfpa.org/webdav/site/global/shared/documents/publications/2011/SRH_frame%20work.pdf)

United Nations(UN): World contraceptive use 2010.New York: UN Department of economic and social affairs, population division; 2011.

♥ USAID Health policy initiative. The contribution of family planning, achieving millennium development goals (MDGs) in Ethiopia. Ethiopia. 2009.

♥ WHO.Health Benefits of Family Planning. 2013 Developed by WHO, and UNFPA.

♥ World Health Organization. Trends in Maternal Mortality, 1990 to 2008 Estimates developed by WHO, UNFPA and The World Bank, Geneva. 2010.
http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf Accessed on November 11, 2011.

♥ WubegzierMekonnen and AlemayehuWorku. (2012). Determinants of low Family Planning Use and High Unmet need in Butajira District, South Central Ethiopia. Available at:
<http://www.reproductive-healthjournal.com/content/8/1/37>

APPENDIX

WOLKITE UNIVERSITY

COLLEGE OF SOCIAL SCIENCE AND HUMANITIES

DEPARTMENT OF SOCIOLOGY

Questionnaire for respondents

Dear respondents, the main purpose of this study is to assess factors hindering the use of family planning services in Emdiber town particularly kebele 01. Those questionnaires are prepared by students who are under graduate in bachelor degree (BA) fulfilment in sociology in 2021. This information will be used only for academic purpose. So you are highly requested to respond your answer according to the following questions.

Instruction:

Use (x) sign for close-ended questions and write appropriate answer for open- ended questions for whose character you fit with it.

Remember: no need of writing your name.

Part one: socio demographic characteristics of the respondents

1. Sex: A, male B, Female
2. Age: A, 20-25 B, 26-30 C, 31-45 D, above 45
3. Religion: A, orthodox Muslim C, protestant D, Catholic E, Others (free thinkers)
4. Marital status: A, married B, divorced C. single
5. Educational level: A, Able to read & write B, Grade1-8 completed C, Grade 9-12 completed D, College or university graduated

6. Occupational status: A, housewife B, farmers C, merchants D, unemployed people E, Government employee

Part two: questions related to family planning

7. Do you use family planning practice?

A, yes B, no

8. If your answer is yes for question number "7" what is the reason?

A, easy to use C, help to prevent unwanted pregnancy

B, high effectiveness D, If any other specify_____

9. If your answer is no for question number „7“ why you do not have it?

A, lack of knowledge about contraceptive C, Fear of side effects

B, Cultural influence D, Religious effects E, If any other specify_____

10. Who should have information about family planning service?

A, husband B, wife C, Both D, no one

11. Who decide about the use of family planning service?

A, husband B, wife C, both D, no one

12. Do you think that husband support his wife to the task of family planning?

A, yes B, no

13. Who is more advantageous by using family planning methods?

A, wife B, husband C, both D, If any other specify_____

14. Is there any factor that forced women most of the time not to use birth control method?

A, yes B, no

15. If your answer for question number „15“ is yes, what are the factors?

A, It is the duty of women C, cultural factors

B, men's lack of knowledge D, If any other specify _____

Part three: interview guide line or questions

A. interview guide line or question for family planning users

Dear respondents, the main purpose of this study is to assess factors hindering the use of family planning services in Emdiber town particularly kebele 01. Those questionnaires are prepared by students who *are* under graduate in bachelor degree (BA) fulfilment in sociology in 2021. This information will be used only for academic purpose. So you are highly requested to respond your answer according to the following questions.

1. What are the sociocultural (social) factors that hindering the use of family planning service?

2. Where do you get family planning information?

3. What are the methods to minimize factors hindering the use of family planning?

4. What does the practice of family planning services in the study area look like?

B. interview guide line or questions for health officials

Dear respondents, the main purpose of this study is to assess factors hindering the use of family planning services in Emdiber town particularly kebele 01. Those questionnaires are prepared by students who are under graduate in bachelor degree (BA) fulfilment in sociology in 2021. This information will be used only for academic purpose. So you are highly requested to respond your answer according to the following questions.

Remember: no need of writing your name.

1. What are the social factors that hinder women from using family planning services?

2. What is your contribution towards providing family planning services?

3. What type of information you give for family planning users?

4. What is the interest of Emdiber community towards using family planning?
